2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 844998

Entity Name: WAUSAU UNDERWRITERS INSURANCE COMPANY

Current Principal Place of Business:

2000 WESTWOOD DRIVE
WAUSAU, WI 544025017

New Principal Place of Business:

Current Mailing Address:

2000 WESTWOOD DRIVE
POST OFFICE BOX 8017
WAUSAU, WI 544025017

New Mailing Address:

175 BERKELEY ST
BOSTON, MA 02116

FEI Number: 39-1341459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	KELLY, EDMUND F	
Address:	175 BERKLEY ST.	
City-St-Zip:	BOSTON, MA 02117	
Title:	DVP	( ) Delete
Name:	LANGWELL, DENNIS J	
Address:	175 BERKLEY ST.	
City-St-Zip:	BOSTON, MA 02117	
Title:	VPS	( ) Delete
Name:	HOFFERT, J S	
Address:	2000 WESTWOOD DR.	
City-St-Zip:	WAUSAU, WI 54401	
Title:	PD	( ) Delete
Name:	DOYLE, SUSAN M	
Address:	2000 WESTWOOD DR.	
City-St-Zip:	WAUSAU, WI 54401	
Title:	VP	( ) Delete
Name:	LEGG, DEXTER R	
Address:	175 BERKELEY ST.	
City-St-Zip:	BOSTON, MA 02117	
Title:	ASEC	( ) Delete
Name:	CIOTTI, KRISTIN K	
Address:	175 BERKELEY ST.	
City-St-Zip:	BOSTON, MA 02117	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI ASEC 04/29/2009

Electronic Signature of Signing Officer or Director — Date